



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF HEALTH
729 CHURCH STREET
NASHVILLE, TENNESSEE 37247-6501

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Dear _____:

_____ facility submitted a Pre-Admission Evaluation (PAE) on your behalf. TennCare reimbursement for your nursing home care has been approved and will begin as of _____, pending physician statement of condition, and criteria being met.

The facility requested that reimbursement begin as of _____. This has been denied for the reason(s) checked below.

- ☒ X TennCare 1200-13-1-.10(3)(a)1. requires that a PAE be received by the Bureau of TennCare within 30 days of the PAE request date or the physician certification date, whichever is earlier. The facility did not comply with this regulation.
- _____ TennCare Rule 1200-13-1-.10(3)(a)2. requires that the Bureau of TennCare receive a same level Transfer Form within 30 days of the admission into the same level of care at the admitting Nursing Facility. The facility did not comply with this regulation.
- _____ For retroactive reimbursement, TennCare Rule 1200-13-1-.10(3)(a)3. requires that the Bureau of TennCare receive a PAE within 30 days of the mailing date of the letter from the Department of Human Services giving notice of financial eligibility. The facility did not comply with this regulation.

Therefore, TennCare will not reimburse the facility for your care during the period from _____ to _____. Since this period would have been covered if the facility had submitted a timely request, the facility cannot bill you for this period. TennCare rule 1200-13-1-.10(3)(d). If the facility attempts to bill you for this time period, call the Patient Advocate Unit at 1-800-722-7901.

Sincerely,

Eleanor F. Brantley, RN
Medical Review Unit

Revised 09/05/00